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**Reset Form**

**Print Form**

P.O. Box 8192  
Pleasanton, CA 94588

## Cannabis Operations Supplemental Questionnaire

The purpose of this questionnaire is to obtain information about your operation.

The broker/agent representing the employer/applicant may complete and sign this questionnaire in order to receive a quote for coverage; however, the employer/applicant must sign this questionnaire in order to bind coverage.

<b>Applicant Information</b>
Legal Name:
Quote ID/Policy Number:
Cannabis License Number(s):
<b>List All Trade Names or DBAs</b>

### Key Questions for Cannabis Risks:

1. Does the employer have a Managing Service Agreement (MSA) with another entity? If yes, please provide a copy of the MSA.

- Yes  No

2. Are there any holding companies associated with this employer?

- Yes  No

a. If yes, please provide the name and function of each

3. Are there other entities that perform duties related to this employer's cannabis operations?

- Yes  No

a. If yes, please provide the name and operation of each

b. Is there any interchange of labor between this employer and any of these other entities?

- Yes  No

### General Information:

1. Type of Cannabis Operation: Please check all that apply:

- Cultivation  Manufacturing/Processing/Testing  
 Retail/Wholesale



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2. Years of experience in Cannabis industry: \_\_\_\_\_

3. Please provide the following information:

a. State License/City Permit #/Application #

4. What are your hours of operation?

a. Do you operate in shifts?

Yes

No

i. If yes, how many shifts? \_\_\_\_\_

ii. What duties are performed at each shift?

5. Do you maintain a warehouse for storage of your products?

Yes

No

a. If yes, provide the location: \_\_\_\_\_

b. If yes, did you include the number of employees and their payroll on the application?

Yes

No

6. What security measures have you implemented for the safety of your business and your employees?  
*(Include if you use armed security or armored vans to transport cash/product, firearms on premises – locked or unlocked, security alarms, etc.)*

a. If the security is contracted out, does the applicant obtain a Certificate of Insurance?

Yes

No

7. Do you have the Material Safety Data Sheets (MSDS) for the chemicals used?

Yes

No

8. Do you maintain a Workplace Violence Prevention Plan?

Yes

No

**Cultivation: *(Complete only if you have this type of operation.)***

1. Is the operations/facility indoor or outdoor?

Indoor

Outdoor

2. Do you use a separate entity to transport the cannabis product?

Yes

No



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a. If yes, do they have workers compensation insurance?

Yes

No

*Independent Contractors providing transportation will be evaluated based on factors such as manner and means of control to determine employee status and inclusion of their remuneration as payroll.*

3. Do you process the plants to finished products?

Yes

No

a. If yes, please explain: \_\_\_\_\_

b. What is the square footage and/or acreage of your operation? \_\_\_\_\_

4. If you use pesticides, who is responsible for the application?

Employees

Third Party Vendor

a. If your employees, what type of personal protection equipment (respirators, gloves masks) is provided?

**Retail/Wholesale: (Complete only if you have this type of operation.)**

1. If smoking/vape rooms are offered, how are the rooms ventilated?

a. How often do employees enter the smoke/vape rooms for servicing, cleaning, etc.?

2. If you offer delivery of cannabis products, are the deliveries made by employees or are the deliveries contracted out?

Employees

Contracted

a. What is your delivery range? \_\_\_\_\_

b. Do employees use their own vehicles for delivery?

Yes

No

c. Do you perform MVR checks?

Yes

No

**Processing/Manufacturing/Testing (Complete only if you have this type of operation.)**

1. Describe the type of processing/testing that takes place.

a. What solvents are used?



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b. What type of heat source is used? Please explain.

2. What type of ventilation system is used, and how often is it checked?

3. What type of fire suppression system is in place?

4. If testing is done, describe the process: *(specifically list any chemicals or solvents that may be used)*

**For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**